3. 4. 5. 6. 7. 8. 9.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



JAN 0 1 2011

SUMMARY SHEET

Change in Company's premium or rate level produced by rate particle in State of ILLINOIS effective 01/01/2011 SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	voiding (infinity)	- Ollarigo (*Or)
, .	Passenger		
	Commercial		
2	Automobile Physical Damag		
_	Private Passenger		*
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	The state of the s	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	···	
10.	Extended Coverage		**************************************
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		,
14.	Crop Hail		
15.	Other Workers Compensations	30,837,610	1.5
	Life of Insurance		
٠	Does filing only apply to certa Classes? If so, specify: No	ain territory (territories) or	certain
	Brief description of filing. (If	filing follows rates of an a	advisorv
	Organization, specify	9	,
	organization):	We are adopting NCC	l's IL-2010-05 Illinois - Voluntary
	Advisory Loss Costs, Rates and R	atingValues	
	*Adjusted to reflect all prior ra **Change in Company's pren		ult from application of new
	rates.	ACUITY A Mutua	I Insurance Company
			me of Company
			Regulatory Filing Technician

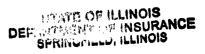
Official - Title

(Change in C	ompany's premit	ım or rate	level produced by rate revision effective	March 1, 2011
		(1)		(2) Annual Premium	(3) Percent
	<u>(</u>	Coverage		Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		ile Liability Passenger reial			
2.		ile Physical Dam Passenger rcial	age		
3.	Liability (Other Than Auto			
4.	Burglary	and Theft			
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and	d Machinery			
9.	Fire				
10.	Extended	Coverage			
11.	Inland Ma	arine			
12.	Homeowi	ners			
13.	Commerc	ial Multi-Peril			
14.	Crop Hail	l			
15.	Other _	Workers Comp Line of Insurance		\$516,815	+10.8%
		Line of Insurance	e		
Does f	iling only ap	oply to certain ter	rritory (ten	ritories) or certain classes? If so, specify:	
				rates of an advisory organization, specify multipliers by type of risk and company	
	of Risk	CM	AA		
	tractors	2.184	1.955		
Man	ufacturing	2.100	1.861		NA PA PROPERTY AND A PARTY OF THE PARTY OF T
All (Other	2.019	1.772	e seems	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

MAR 0 1 2011



All America Insurance Company
Name of Company

(Mrs.) Petrise Meyer Sr Rates and Forms Analyst Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

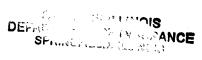
SUMMARY SHEET

g	Etrative	DATE	01-01-1	'
9	ELE TIVE	OA /	•	

Change in Company's premium or rate lev	el produced by rate revision effective	+ 6.23 - £4,473
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (to	\$256,919	+0.9%
Brief description of filing. (If filing follows ra We will be using NCCI loss costs issued in	ates of an advisory organization, specify o	rganization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh		
		al Property and Casualty Company Name of Company
	Eleanor F	Perry - Compliance Analyst Official – Title







FILED

FORM (RF-3)

JAN 0 1 2011

SUMMARY SHEET

		DEPARTME OF ILLINOIS
Change in Company's prem	ium or rate level produce	ed by Participal Somsurance
effective 1-1-2011		LED, ILLINOIS

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damaç	€	
Private Passenger		
Commercial	***************************************	
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	\$297,404	3.4%
Life of Insurance		
Does filing only apply to cer Classes? If so, specify: No	tain territory (territories) o	certain
Brief description of filing. (I	f filing follows rates of an a	advisory
Organization, specify		
organization):	Adopt the 1-1-2011 Rates	s with a deviation of 0.97.
-		
	•	

Ansur America Insurance Company Name of Company Wanda Raymond, APM Senior Associate Official - Title

rates.

FILED

FORM (RF-3)

SUMMARY SHEET

JAN 0 1 2011

Change in Company's premium or rate level produced by rabeparishent of Insulation effective 01/01/2011

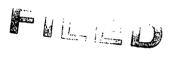
-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		_
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
ł.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery	·	
).	Fire		·
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers Compensation	338,382	-4.59%
	Life of Insurance		
•	Does filing only apply to certa	nin territory (territories) or	certain
	Classes? If so,	,	
		ies to all class codes	
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify	J	·
	organization):	Adoption of NCCI Loss C	osts contained in NCCI Circular
	IL-2010-10 and retain our currently filed	and approved loss cost multiplier	of 1.40.
	*Adjusted to reflect all prior ra	ate changes.	_
	**Change in Company's pren	nium level which will resu	It from application of new
	rates.		
		Bancinsure, Inc.	
			me of Company
		Kathryn A. Shilling-	Filings Analyst

Official - Title

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	7,387,999	-1.7%
Line of Insurance		
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?

Brief description of filing. (If filing follows rates of an advisory



JAN 0 1 2011

STATE OF ILLINOIS

organization, specify organization): Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt NCCI's revised loss costs per circular IL-2010-10 and 05 while maintaining our current expense multiplier for each company. This filing will apply to all new and renewal business with effective dates on or after January 1, 2011. This filing proposes an overall decrease of 1.7% based upon the Bituminous book of business.

- * Adjusted to reflectRANCEprior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Bituminous Casualty Corporation
Name of Company
- Vice President-Underwriting
Official - Title

H29219D

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	omobile Liability rivate Passenger		
	ommercial		
•	omobile Physical Damage		
	rivate Passenger		
	ommercial		
3. Lia	bility Other Than Auto		
4. Bur	glary and Theft		
5. Gla	ss		
6. Fid	elity		
7. Sur	ety	*****	
8. Boi	ler and Machinery		
9. Fir	e ,		
10. Ext	ended Coverage		
11. Inl	and Marine		
12. Hom	eowners		
13. Com	mercial Multi-Peril		
14. Cro	p Hail		
15. Oth	er Workers Compensation	1,875,069	-1.7%
	Line of Insurance		
	lling only apply to certain specify:	territory (territories)or	certain classes?

If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Bituminous Casualty Corporation

FILED

JAN 0 1 2011

Bituminous Casualty Corporation and
Bituminous Fire and Marine Insurance
Company are filing to adopt NCCI's revised
loss costs per circular IL-2010-10 and 05
while maintaining our current expense
multiplier for each company. This filing
will apply to all new and renewal business
with effective dates on or after January 1,
2011. This filing proposes an overall
decrease of 1.7% based upon the Bituminous
book of business.

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE

* Adjusted to refrects #110000 rate changes.

** Change in Company's premium level which will result from application of new rates.

	Name of Company
	(Modeller & Miller
4	- Vice President-Underwriting
	Official - Title

Bituminous Fire and Marine Insurance Company

(Change in Company's premium or rate	level produced by rate revision effective	January 01, 2011
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	2,116,571	+1.5
	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
No			
		rates of an advisory organization, specify of	organization):
Ado	ption of NCCI State Filing Circular IL	2010-05 & IL-2010-07 & IL 2010-10	
	146-10	Light service and the service	· · · · · · · · · · · · · · · · · · ·

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Capitol Indemnity Corporation

Name of Company

Lois Beld, Senior Rate
Analysis
Official - Title

	Change in Company's premium or rate	level produced by rate revision effective	01/01/2011
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7. 8.	Surety Boiler and Machinery		
o. 9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	4,563,017	0.4%
	Line of Insurance		
		ritories) or certain classes? If so, specify:	
No.			
Tov		rates of an advisory organization, specify rewith proposes to adopt NCCI's lates 011.	
	-		
We	wish to make this filing effective fo	r all policies effective on or after Janu	ary 1, 2011.
* ,	Adjusted to reflect all prior rate changes.		
** (Change in Company's premium level whresult from application of new rates.	STATE 1 1.12 - 1.12	
		JAN 0 1 2011 Castle	Point National Insurance Co.
		JAN UI 2011	Name of Company
		STATE OF ILLINOIS	• •
		STATE OF INSURANGE	V. Storch
		STATE OF ILLINOIS DEPARTMENT OF INSURANCE DEPARTMENT OF ILLINOISSENION	Business Analyst
		Otto	Official - Title

(Change in	Company's premiu	m or rate	level produced by rate revision effective	March 1, 2011
	-	(1)		(2) Annual Premium	(3) Percent
		Coverage		Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automo	bile Liability			
••		Passenger			
	Comm	•			
2.		bile Physical Dam	age		
		Passenger			
	Comm				
3.	Liability	Other Than Auto			
4.		y and Theft			
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler a	nd Machinery			
9.	Fire				
10.	Extende	d Coverage			
11.	Inland N	Marine			
12.	Homeov				
13.		rcial Multi-Peril			
14.	Crop Ha				
15.	Other	Workers Comp		\$2,735,880	+8.6%
		Line of Insurance	e		
Dogs f	iling only	annly to certain ter	ritory (ter	ritories) or certain classes? If so, specify:	
na	ning only	apply to certain ter	inory (ter	intories, or certain classes. If so, specify.	
				The second secon	
Brief o	description	of filing. (If filing	follows i	rates of an advisory organization, specify	organization):
Intro	ducing Ty	pe of Risk rule and	loss cost	multipliers by type of risk and company	as follows:
	of Risk	CM	AA		
	tractors	2.184	1.955		
	ufacturing		1.861		
All	Other	2.019	1.772		FLED

MAR 0 1 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Central Mutual Ins Co
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ILLINOIS SUMMARY SHEET

FORM RF-3

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
j.	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
).	Extended Coverage		
١.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi Peril		
4.	Crop Hail		
5.	Workers Compensation	\$4,624,151	9.91%
3.	Other		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Church Mutual Insurance Company
Name of Company

Lynn Reichelt – Director – Casualty Lines Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	March 1, 2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation Line of Insurance	\$40,676,098	+0.7%
Does filing only apply to certain territory (to	erritories) or certain classes? If so, specify	y: All Classes and codes are affected.
Brief description of filing. (If filing follows rates effective 3/1/2011. Please reference	ates of an advisory organization, specify on NCCI circulars IL-2010-05 and IL-2010-1	organization): We are adopting NCCI's
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from application of new rate	es.
	The Cinc	cinnati Casualty Company Name of Company
	Kara Arms	tead - Senior Filings Analyst Official - Title



PTATE OF ILLINOIS
DEPARTMENT OF INSURANCE
CARINGFIELD, IL MOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	March 1, 2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
5. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$6,022,609	+0.3%
Does filing only apply to certain territory (terribre filling) Brief description of filing. (If filing follows rate frates effective 3/1/2011. Please reference No.	s of an advisory organization, specify or	ganization): We are adopting NCCI's
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will result from application of new rates	3.
	The Cincir	nnati Indemnity Company
		Name of Company
	Kara Armste	ead - Senior Filings Analyst
		Official – Title



MAR 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
OFRINGRIELD, ELINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	March 1, 2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$8,151,707	-1.0%
Brief description of filing. (If filing follows r	territories) or certain classes? If so, specify rates of an advisory organization, specify on the NCCI circulars IL-2010-05 and IL-2010-1	rganization): We are adopting NCCI's
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wl	hich will result from application of new rate	s.
	The Cinci	nnati Insurance Company Name of Company
	Kara Armst	ead - Senior Filings Analyst Official – Title



MAR 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	Change in Company's premium or rate	level produced by rate revision effective	4/1/11
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
J. ‡.	Burglary and Theft		
7. 5.	Glass		
). 3.	Fidelity		
7.	Surety	-	-
3.	Boiler and Machinery		
).).	Fire		
10.			
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
4.			
	Other Workers Compensation	\$1,556,238	0.4%
٠.	Line of Insurance		
Эое	s filing only apply to certain territory (terr	itories) or certain classes? If so, specify	No
Doe	s filing only apply to certain territory (terri	itories) or certain classes? If so, specify	No
3rie		es of an advisory organization, specify orga oval circular IL-2010-10 from 1/1/11 to 4/1/1	
	The second secon		
	Adjust to reflect all prior rate changes		

Change in Company's premium level which will result from application of new rates.

COLUMBIA NATIONAL INS. CO. Name of Company

Dennis McVay, CPCU Director, Research & Development Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by	y rate revision effective <u>Janua</u>	ry 1, 2011
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or)**
1. Automobile Liability	volume (minois)	Ollange (+ Ol -)
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$10,000,000	1.5%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or ce	rtain classes? If so, specify <u>No</u>)
Brief description of filing (if filing follows rates of an advise	ory organization, specify organiza	tion) Adopting NCCI
Voluntary rates and rating values effective January	1, 2011 without deviation. Ad	opting NCCI January 1, 2011_
Experience Rating Plan values, expected loss rates	and d-ratios, and NCCI retrop	osective rating plan values.
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result	from application of new rates.	
onango in company o promise total miles and		
	Continer	tal Indemnity Company
		Name of Company
		carich, Actuary
	Offi	cial — Title





JAN 0 1 2011

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

		Effective	DATO SPRINGFIELD, ILLIN
(Change in Company's premium or rate	level produced by rate revision effective	23% JAN. 1, 2011
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	2,401,100	2.3%
	Line of Insurance		
No.		rritories) or certain classes? If so, specify:	
We a	description of filing. (If filing follows are filing to adopt the 1/1/2011 NCCI I tive 1/1/2011.	rates of an advisory organization, specify oss costs and to change our current loss co	organization): st multiplier of 1.426 to 1.408
** C	djusted to reflect all prior rate changes hange in Company's premium level who sult from application of new rates.		
		Floris	ts' Mutual Insurance

Danielle Ankrom, Senior Compliance Analyst

Company

Official - Title

Name of Company

FILED

FORM (RF-3)

JAN 0 1 2011

SUMMARY SHEET

STATE OF ILLINOIS
Change in Company's premium or rate level produced by The Victoria Change in Company's premium or rate level produced by The Victoria Change in Company's premium or rate level produced by The Victoria Change in Company's premium or rate level produced by The Victoria Change in Company's premium or rate level produced by The Victoria Change in Company's premium or rate level produced by The Victoria Change in Company's premium or rate level produced by The Victoria Change in Company's premium or rate level produced by The Victoria Change in Company's premium or rate level produced by The Victoria Change in Company's premium or rate level produced by The Victoria Change in Company's premium or rate level produced by The Victoria Change in C effective 1-1-2011

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Voidino (minoro)	
٠.	Passenger		
	Commercial		
2	Automobile Physical Damag		
_	Private Passenger		•
	Commercial		***************************************
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	•	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$10,016,559	2.3%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: No	in territory (territories) or	certain
	Brief description of filing. (If f	iling follows rates of an ac	dvisory
	Organization, specify		•
	organization):	Adopt the 1-1-2011 Rates	with a deviation of 1.00.
			_

Frankenmuth Mutual Insurance Company Name of Company Wanda Raymond, APM Senior Associate

Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.



ILLINOIS SUMMARY SHEET

JAN 0 1 2011

FORM RF-3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SPRINGFIELD. ILLINOIS Change in Company's premium or rate level produced by rate revision effective January 01, 2011.

(1) Coverage	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	:	
9. Fire		
10. Extended Coverage	1	
11. Inland Marine	,	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 1,607,153	+ .04
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt NCCI Loss Costs effective 1/01/2011. NCCI approval circular IL-2010-10.

GATEWAY INSURANCE COMPANY, NAIC 28339

Laura Ellsworth

Compliance Specialist

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective January 1, 2011	•

**	(1)	(2)	(3)
**	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private	volume (minois)	Change (101-)
, .	Passenger		
	Commercial	Selle MANUFACTURE CONTROL CONT	194 144 144 144 144 144 144 144 144 144
2	Automobile Physical Damag	**************************************	
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6 .	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	Hardinary Communication of the	
11.	Inland Marine		
12.	Homeowners		***************************************
13.	Commercial Multi-Peril	Water to the control of the control	William and the control of the stage of the large of the stage of the
14.	Crop Hail	*****	
15.	Other Workers Compensation	4411848	5.85%
	Life of Insurance		
•	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,	, , , , , , , , , , , , , , , , , , , ,	
	specify: No.		
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify		
	organization):	NCCI IL-2010-05	
	A A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	*Adjusted to reflect all prior ra		t from application of now
	**Change in Company's premates.	t from application of new	
	rates.	Grange Mutual Cas	sualty Company
			me of Company
	6 1 0044	Emily Ling, Pricing	
	JAN 0 1 2011		Official – Title
			*** ***

DEPAI INT OF INSURANCE

JAN 0 1 2011

FORM (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE of the produced by rate revision springfield illinois effective 01-01-2011 _______.

- -	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
•	Passenger		
	Commercial		
2	Automobile Physical Damag		
-	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$5,397	+ 7.2%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: No, all cl		certain
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify	ining ronowo rates of arra	a v.56. y
	organization):	The purpose of this filing is	to adopt the NCCI Loss Costs contained
	in approval circular IL-2010-10 effective (01-01-2011. Our loss cost multipl	er will remain at 2.17. This will result in
	an overall rate increase of 7.2% based on I	Harco's premium distribution.	
	*Adjusted to reflect all prior ra **Change in Company's premates.		It from application of new
	. 3.33.	Harco National Ins	urance Company
			me of Company
		Al Birch, Sr. Vice P	, ,

Official - Title

(3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**	
	Automobile Liability Private			
	Passenger	***************************************		
	Commercial			•
	Automobile Physical Damage			
	Private Passenger			
	Commercial			
	Liability Other Than Auto			
٠,	Burglary and Theft			
ί.	Glass			
١.	Fidelity			
	Surety			
i.	Boiler and Machinery		•	FI.
١.	Fire			
0.	Extended Coverage			FILED
1.	Inland Marine			JAN 0
2.	Homeowners			JAN 0 1 2011
3.	Commercial Multi-Peril			DEPASTATEON
4.	Crop Hail			SPRINENT OF ILL WOIS
5.	Other Workers Compensation	\$2,848,698	+2.9%	DEPARTMENT OF ILLINOIS SPRINGFIELD, ILLINOIS
	Line of Incurance			, ILLINOIS INCE

(1)

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No certain territory. No certain class.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting National Council on Compensation Insurance (NCCI) 01/01/2011 Illinois Advisory Rates and Miscellaneous Values. We are applying a -10% rate deviation to all classes.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Illinois Casualty Company Name of Company

Official-Title Fred Parcells, Program Manager Change in Company's premium or rate level produced by rate revision effective: 01/01/2011

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial	F	ED
3.	Liability Other Than Auto	IAN O	1 2011
4.	Burglary & Theft		
5.	Glass	DEPARTMENT	: Illinois Of Insurance
6.	Fidelity	SPRINGFIE	.D. ILLINOIS
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	\$3,795	+0.4%
16.	Other:		
If so, s Brief d IMT In	Line of Insurance filing only apply to certain territory (tempecify: escription of filing. (If filing follows ransurance is filing to adopt the Nary 1, 2011.	tes of an advisory organization, specify	organization): rating values as filed to be effective
*Adjus	ted to reflect all prior rate changes.	ch will result from application of new rat	es.

IMT Insurance Company
Name of Company
Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

FORM (RF-3)



FEB 0 1 2011

SUMMARY SHEET

DEPARTATE OF ILLINOIS

Change in Company's premium or rate level produced by rate SPRINGFIELD, ILLINOIS

(3) Percent Change (+or-) **
Shange (+or-)
•
•
•
Water Co.
·
% (Estimated)
in
y iling IL-2010-05. Approval circular approved loss costs
ore than -15%.
application of new
urance Mutual
urance Mutual Company
urance Mutual Company ce Analyst
i

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	ate level produced by rate revision
effective January 1, 2011	•

	(1)	(2) Annual Premium	(3) Percent
-	Coverage	- Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag	•	
	Private Passenger		
	Commercial	· · · · · · · · · · · · · · · · · · ·	
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		13
	Commercial Multi-Peril		<u> ६० २</u>
	Crop Hail		
	Other Workers' Compensation	\$7,665	0.4%
	Life of Insurance		57.
	Does filing only apply to cert	tain territory (territories) or	certain E
	Classes? If so,		
	specify: No		
	Dui-f de cointie e ef filies (16	Eliza falla and a a fara a	
	Brief description of filing. (If Organization, specify	ning rollows rates of an a	uvisory
	organization):	Adopting NCCI approved	Loss Costs Effective January 1, 2011
	organization).	Adopting Noor approved	LOSS COSTS Effective bandary 1, 2011
	*Adjusted to reflect all prior at the company's pre		It from application of new
	rates.	Midwest Builders'	Casualty Mutual Company
			me of Company
		Rose Kasper - Com	

Official - Title

FORM (RF-3)



SUMMARY SHEET

JAN 0 1 2011

	Change in Company's premiueffective 01/01/2011	um or rate level produced	level produced by rate resisate of Illinois DEPARTMENT OF INSURAN SPRINGFIELD, ILLINOIS		
	(1)	(2) Annual Premium	(3) Percent		
	Coverage	 Volume (Illinois) * 	Change (+or-) **		
	Automobile Liability Private				
	Passenger				
	Commercial				
	Automobile Physical Damag				
	Private Passenger		•		
	Commercial				
	Liability Other Than Auto				
	Burglary and Theft				
	Glass				
	Fidelity				
	Surety				
	Boiler and Machinery				
	Fire				
	Extended Coverage				
	Inland Marine				
•					
	Homeowners				
•	Commercial Multi-Peril				
	Crop Hail				
	Other Work Comp	895883	0.4%		
	Life of Insurance Does filing only apply to certa Classes? If so,	ain territory (territories) o	certain		
	specify:				
	Brief description of filing. (If Organization, specify	filing follows rates of an a	advisory		
	organization):	NCCI			
	*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new				
	rates.	Midwest Family M	lutual		
		Na	ime of Company		
		Heather T Sams -	• • • • • • • • • • • • • • • • • • • •		
			Official – Title		

Change in	n Company's	premium	or	rate	level	produced	by	rate
revision	effective	January 1, 20	011					

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
 Automobile Physical Damage Private Passenger 		
Commercial	***************************************	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	_	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	11,177,796	1.4
Line of Insurance		
Does filing only apply to certain	territory (territories)or	certain classes?
If so, specify:		

Brief description of filing. (If filing follows rates of an advisory

Old Republic General Insurance Corporation Adoption of NCCI IL-2010-05 Advisory Rates, Loss Costs, and Rating Values

We request an effective date of January 1, 2011 to coincide with the NCCI loss cost filing approved under Circular IL-2010-10.

We will apply our current LCM, 1.64, to the January 1, 2011 NCCI loss costs.

We hereby certify that the only changes made from our previously filed manual are the NCCI changes as adopted and filed under our Rates Tab.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Old Republic General Insurance Corporation

Name of Company



organization, specify organization):

Deborah J. Matthews - Assistant Vice President - Compliance
Official - Title

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And the second

JAN 0 1 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS



JAN 0 1 2011

Change in Company revision effectiv		e level produce	· STATE OF ULINOIS
(1)	ληη	(2) ual Premium	DEPARTMENT OF INSURANCE SPRINGFIELD ILLINOIS
Coverage		e (Illinois)*	Change (+ or -) **
1. Automobile Liability Private Passenger			
Commercial	<u></u>		
2. Automobile Physical D Private Passenger	amage		
Commercial			
3. Liability Other Than	Auto		
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery	 		
9. Fire			
10. Extended Coverage	with the second		
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peri	.1	· · · · · · · · · · · · · · · · · · ·	
14. Crop Hail			
15. Other Workers, Compensation	tion	10,699,075	-3.5%
Line of Insu		10,055,070	
Does filing only apply to If so, specify: Brief description of file organization, specify org	ing. (If filing		
Old Republic Insurance Adoption of NCCI IL-2	e Company 010-05 Advisory Ra	ates, Loss Cost	s, and Rating Values
We request an effection cost filing approved to	ve date of Januar under Circular IL	y 1, 2011 to co -2010-10.	incide with the NCCI loss
We have decreased our to the January 1, 201			apply our new LCM, 1.69,
We hereby certify that are the NCCI changes	t the only change as adopted and fi	s made from our led under our R	previously filed manual ates Tab.
* Adjusted to reflect a ** Change in Company's prates.	ll prior rate cha remium level whic	nges. h will result f	rom application of new
	Old	Republic Insur	ance Company
•		Name of Cor	mpany
	Deborah J. Matthews		ice President - Compliance
		Official -	Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	1-1-2011	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail 	1,521,365	+1.5%
Code 8045 will remain unchanged at 1.2	y (territories) or certain classes? If so, spe 22; the loss cost multiplier for Class Codes multiplier will remain unchanged at 1.644.	cify: The loss cost multiplier for Class
Brief description of filing. (If filing follows Cost Revisions - announced in Circular I	rates of an advisory organization, specify L-2010-10	organization): Adoption of NCCI Loss
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate Pharmacists	s. Mutual Insurance Company Name of Company enthal - Rate Filing Analyst Official - Title



JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level (produced by rate revision effective	January 1, 2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		4.50/
15. Other Workers' Comp	\$100,000 estimated	1.5%
Line of Insurance		
Does filing only apply to certain territory (terr	tories) or certain classes? If so, specif	y: This filing applies to all classes.
Brief description of filing. (If filing follows of the Voluntary Market Advisory Rates, Loss Colapproval circular IL-2010-10 and in Filing Circular III-2010-10 and III-2010-10 an	<u>osts, and Rating Values effective Ja</u>	ecify organization): <u>Adoption of NCCI</u> nuary 1, 2011 as published in NCCI
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rate	es.
	Safety	First Insurance Company
	<u> </u>	Name of Company
	Casev Krus	se – Compliance Coordinator
		Official – Title



JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	January 1, 2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage	- All	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		4.50/
15. Other Workers' Comp Line of Insurance	\$1,500,000 estimated	1.5%
Does filing only apply to certain territory (te	erritories) or certain classes? If so, specify	7: <u>No.</u>
Brief description of filing. (If filing follows Voluntary Market Advisory Rates, Loss approval circular IL-2010-10 and in Filing (Costs, and Rating Values effective Jai	ecify organization): <u>Adoption of NCCI</u> nuary 1, 2011 as <u>published in NCCI</u>
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level wh	ich will result from application of new rate	S.
	Safety Nat	tional Casualty Corporation
	Calety Na	Name of Company
	Cassillana	a Compliance Coordinates
	Casey Krus	e – Compliance Coordinator Official – Title



SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial	-	
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$2,569,669	0.0%
Line of Insurance		
	•	
Does filing only apply to certain If so, specify: No	n territory (territories)or	certain classes?

Adoption of NCCI advisory rates effective 01/01/2010 in organization, specify organization): Illinois.



* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.

NOV 0 1 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
Sentry Casualty CompanSPRINGFIELD, ILLINOIS Name of Company

William O'Rill - Vice President General Counsel & Corporate Secretary

H29219D

1.

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7.

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9.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS

SUMMARY SHEE!

DEPARTMENT OF ILLINOIS
SPRING OF INSURANCE

Change in Company's premium or rate level produced by rate revision, ILLINOIS effective 01/01/2011 (2) (3)(1)**Annual Premium** Percent Volume (Illinois) * Change (+or-) ** Coverage **Automobile Liability Private** Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto **Burglary and Theft** Glass **Fidelity** Surety **Boiler and Machinery** Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation \$95,359 +0.7% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory Organization, specify This follows the 1-1-2011 loss cost filing on our behalf organization):

NCCI. Please reference NCCI circular IL-2010-10.

SFM Mutual Insurance Company

Name of Company Brian R. Bent, VP & Director of Underwriting

Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2011 New, 2/1/2011 Renewal____.

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
•	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		4.000
15.	Other Workers Compensation	\$11,691,067	-4.86%
	Life of Insurance		
•	Does filing only apply to certa	oin tarritany (tarritarias) ar	certain
	Classes? If so,	in territory (territories) or	Certain
	specify: No		
	specify.		
	Brief description of filing. (If f	iling follows rates of an a	dvisorv
	Organization, specify	9	
	organization):	We are adopting NCCI Vo	luntary WC Rates eff 2/1/2011 with
	deviations in rates for certain class code	s due to experience.	
	The above result contemplates overall total	l impact.	
	*Adjusted to reflect all prior ra	ite changes.	
	**Change in Company's prem	nium level which will resul	It from application of new
	rates.		
	FILED		a mutual company
			me of Company
		Dennis Saldana- St	
	FFB 0 1 2011	(Official – Title

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

•	Change in Company's premium or rate	level produced by rate revision effective	01/01/2011
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger		
•	Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
4. 5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	2,316,256	0.4%
Does f No.	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Tow Cost	er Insurance Company of New Yors and Rating Values effective 1/1/2	rates of an advisory organization, specify the herewith proposes to adopt NCCI's 2011. or all policies effective on or after Janu	latest Voluntary Market Loss
** C	djusted to reflect all prior rate changes hange in Company's premium level wh sult from application of new rates.		

JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Tower Insurance Company of NY
Name of Company

Faye V. Storch
Senior Business Analyst
Official - Title

(Change in Company's premium or rate	level produced by rate revision effective	01/01/2011
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	89,602	0.4%
	Line of Insurance		
Ooes f No.	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Tow Cost	er National Insurance Company her s and Rating Values effective 1/1/2	rates of an advisory organization, specify or rewith proposes to adopt NCCI's latest 011. r all policies effective on or after Janua	t Voluntary Market Loss

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



JAN 0 1 2011

Tower National Insurance Co.

Name of Company

Faye V. Storch Senior Business Analyst

Official - Title

H29219D

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium	or rate lev	vel produced	by rate	revision
effective January 1, 2011	•			

٧	(1)	(2) Annual Premium	(3) Percent
***	Coverage -	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private	And the second s	
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1384152	6.45%
	Life of Insurance		
•	Deep filing only apply to corte	in tarritany (tarritarias) ar	codain
	Does filing only apply to certa Classes? If so,	in terniory (terniories) or	Certain
	specify: No.		
	specify.		
	Brief description of filing. (If fi	ling follows rates of an a	advisory
	Organization, specify	anig tonowo rates of arre	
	organization):	NCCI IL-2010-05	
	o, gaa,.		
	*Adjusted to reflect all prior ra	te changes.	
	**Change in Company's prem	ium level which will resu	ılt from application of new
	rates.		
		Trustgard Insuran	
			ime of Company
	FILED	Emily Ling, Pricing	
	Line de la company		Official – Title

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

JAN 0 1 2011

Change in Company's premium or rate level produced by rate revision effective: 01/01/2011

	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		Eu -
9.	Fire		FILED
10.	Extended Coverage		JAN 0 1 2011
11.	Inland Marine		
12.	Homeowners		DEPARTMENT OF INCIDE
13.	Commercial Multi-Peril		STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS
14.	Crop Hail		
15.	Worker's Compensation	\$157.00	+0.4%
16.	Other:		
Does fili If so, sp	Line of Insurance ng only apply to certain territory (tecify:	erritories) or certain classes? NO	
Waden		ates of an advisory organization, specify e NCCI loss costs and miscellaneou	y organization): s rating values as filed to be effective

Wadena Insurance Company
Name of Company
Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

	Change in Company's Premium or rate	e level produced by rate revision effective	1/1/2011
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	-	
4.	Burglary and Theft		
5.	Glass		
5.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
2.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	\$38,471,041 (2009) 2.0%	2.0%
	Line of Insurance		
Doe: No	• • • • • • • • • • • • • • • • • • • •	itories) or certain classes? If so, specify:	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance Company
Name of Company

<u>Stephen J. Mueller, CPCU - Product Development Specialist</u>
Official - Title

H29219D



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective1/1/20	11	
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	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1 Automobile Liability		
Private Passenger		
Commercial		
2 Automobile Physical Damage		
Private Passenger		
Commercial		
3 Liability Other than Auto		
4 Burglary and Theft		
5 Glass		
6 Fidelity		
7 Surety		
8 Boiler and Machinery		
9 Fire		
10 Extended Coverage		
11 Inland Marine		
12 Homeowners		
13 Commercial Multi-Peril		
14 Crop Hail		
15 Workers Compensation	4,172,910	12.2%
16 Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain class	ssac? If so specify	
No No		
Brief description of filing (if filing follows rates of an advisory org		on)
This filing adjusts the LCM currently on file based on actual loss e		
This filing does follow the NCCI loss cost filing effective on 1/1/11	<u> </u>	

- Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Work First Casuatly Company

Name of Company



JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS